2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

Principal Place of Business 1605 N. WOODLAND BLVD DELAND, FL 32720 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMUEL, PHAEDRA 4465 DAUGHARTY RD DELAND, FL 32724 8. The above right of the purpose of hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accepting of the obligations of certification of certifications. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the State of Florida. I am familiar with, and accepting of the obligations of certification. In the purpose of familiar with a state of Florida. I am familiar with, and accepting of the obligations of certification. In the purpose of familiar with a state of Florida. I am familiar with a state of Florida. In the purpose of fa
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SAMUEL, PHAEDRA 4465 DAUGHARTY RD DELAND, FL 32724 Street Arthress (P.O. Box Number is Not Acceptable) City Deleon Soring FL Zip Code 33.30 8. The above narran strity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptate of the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reconstruction of the report of trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attainment with an address, with all other like empowered.